KINES 495B/D: KINES Internships with KINES Faculty Members

Office Use Only:

Date Received: Date Processed: Section#: 

Student Information

Expected Semester For: □ FALL □ SPRING □ SUMMER YEAR: _____

Name: ___________________________________________________________________________

First Last

Student ID #: ___________________________

Cell Phone Number: (____) __________ Email Address: ___________________ @psu.edu

Emergency Contact Information

Name: ___________________________________________________________________________

First Last

Relationship: ______________________ Phone Number: (____) 

Faculty Sponsor/Coordinator Information

Practicum Site Name: ____________________________

Practicum Site Phone Number: (____) __________ Faculty Email: __________ @psu.edu

On-Site Practicum Supervisor: ____________________________

Title First Last Credential(s)

KINES 495B: □ 6 credits KINES 495D: __________ additional # credits

Expected Graduation: □ FALL □ SPRING □ SUMMER YEAR: _____

Date Practicum Begins: Date Practicum Completed:

Practicum Site Information Continued...
Brief Description of Internship (attach additional sheet, if necessary):

List of Objectives (attach additional sheet, if necessary):

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 

Practicum Agreement

I, (print full name) ____________________________, acknowledge that the above information is correct to the best of my ability and is not falsified in any way. My participation in any practicum agreement can be terminated at any time, due to misconduct and/or misrepresentation.

Student Signature: ____________________________ Date: ____________

Faculty Signature: ____________________________ Date: ____________